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Transgender Women in Malaysia: A review of health related issues and challenges

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Abstract

Transgender refers to individuals who perceive their gender differently from their original gender assigned at birth. Transgender women are those who were assigned male gender at birth but expressed themselves as female later on in their life. The numbers of transgender women in Malaysia have been increasing rapidly. Along with this increment, health problems related to this population has grown. Despite this, there is no specific local guideline about the health issues and its management related to this population. Many health professions out there did not know what to expect when dealing with transgender women. Unlike the original male or female, transgender women have their own unique needs as well as health problems related to their lifestyle. Furthermore, some of their health problems are related to the general population, such as Human Immunodeficiency Virus (HIV) infection and sexually transmitted disease (STD). Failure to identify and manage the problems among transgender women will eventually contribute to an increase in cumulative HIV and STD cases in our country. Hence, the aimed of this article was to review current knowledge on transgender women's health issues and challenges, especially in the context of the local population. This review also emphasizes that healthcare professionals in Malaysia need to have at least a basic knowledge of transgender women's health issues.

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INTRODUCTION

It was reported that the transgender community is one of the most underserved, highly stigmatized and under represented subgroups in society (Gupta *et al.*, 2016; Reisner *et al.*, 2016; Draman S, 2019). Transgender is an umbrella term that includes individuals whose gender identity differs from their original assigned birth sex, while cisgender refers to the individual whose gender identity or expression aligns with their assigned birth sex (Gupta *et al.*, 2016; Braun *et al.*, 2017; Dinno, 2017). Transgender is further classified into 3 main categories include transwomen or transgender women, transmen or transgender men and nonbinary (Gupta *et al.*, 2016; Reisner *et al.*, 2016). Transwomen are assigned with the male gender at birth but with feminine identity and vice versa for transmen, while nonbinary are those who do not identify with either male or female gender categorization (Reisner *et al.*, 2016; Braun *et al.*, 2017; Gibson *et al.*, 2016).

The previous studies showed an increment of the

transgender women from 10,000 to 50,000 people from 2001 up until 2016 in Malaysia (Draman and Hashi, 2019). However, based on worldwide estimation, the number would have been between 151, 500–424, 200 transgender women (Vijay *et al.*, 2018). In Malaysia, this population was known as 'Mak nyah' and they are a well-known community in Southeast Asia that exist in Malaysia before the year 1983, with 80% of them dominated by Malay peoples (Draman S, 2019; Gibson *et al.*, 2016). Some of this Mak nyah population can be found in a small and dark alley like a backstreet or known as 'Lorong' at late night (Draman S, 2019). Due to the mismatch between assigned birth sex and gender identity, these transgender women face considerable challenges either in the form of physiological, social or psychological, which in turn can have a negative impact on their quality of life (Nobili *et al.*, 2018).

However, issues related to transgender women in Malaysia continue to be under the radar, especially health-related issues. It is not openly discussed and there is no formal guideline about the management of health-related issues pertaining to transgender women in Malaysia. As a result, healthcare professionals are unable to provide the appropriate medical care whenever they have a transgender woman as their patient. With this in mind, this article aimed to discuss the health-related issues and challenges faced by transgender women in Malaysia in the most comprehensive way. It is hopeful that this article will help healthcare professionals to realise all these issues and deal with transgender women in the best possible way in the future.

Information Sources And Search

An electronic literature search was conducted, including using PubMed and Google Scholar. A total of 32 articles which were from Malaysia and International, were reviewed, with most of the articles chosen only from 2015 up to date and only around 10% of the total articles taken before the year 2015. The search used the following keywords in the title and/or abstract.

1. For terms referring to transgender people: transsexualism, transsexual, transgender, gender dysphoria, gender identity disorder
2. For sexual transmitted disease: Human Immunodeficiency Virus, gonorrhoea, Chlamydia, Syphilis, sexually transmitted disease.
3. For psychiatric disorders: mental health, psychopathology, psychiatric, depression, anxiety
4. For treatments: gender-affirming treatments, hormonal, surgical
5. For problem or challenges faces: challenges in transgender, stigma, discrimination

Health-Related Issues

Globally, transgender women experience a devastatingly high burden of adverse health outcomes, including a high prevalence of human immunodeficiency virus (HIV) infection, sexually transmitted infections (STIs), mental health illness and substance use disorders (Reisner *et al.*, 2016; Vijay *et al.*, 2018; Rich *et al.*, 2018). The rates of mental disorders, interpersonal violence, workplace discrimination, mental abuse, suicide risk, substance abuse, and HIV are highest in this group (Gupta *et al.*, 2016).

Human Immunodeficiency Virus (HIV)

Transgender women were among the populations that had been named by the Centres for Disease Control and Prevention as being hardest hit by HIV (Wiewel *et al.*, 2016). A meta-analysis of global studies showed at least 19% of transgender women documented with HIV and in comparison to all adults of reproductive age, transgender women were 50 times more likely to acquire HIV infection (Reisner *et al.*, 2016; Gibson *et al.*, 2016; Rich *et al.*, 2018). Historically, Malaysia's HIV epidemic has been driven by people who inject drugs; however, the trend change due to the harm reduction programmed with the majority of new infections are attributed to sexual transmission, especially man who have sex with men whom transgender was regarded as one of the most-at-risk populations (Wickersham *et al.*, 2017; Parsons *et al.*, 2018; Abdullah F et al., 2019).

In Malaysia, based on the data from Integrated Biological and Behavioural Surveillance studies showed increment from 4.8% – 12.4% of transgender women were HIV positive, with higher estimation among those who engaged in sex work (Rutledge *et al.*, 2018). HIV transmission risk in transgender women increases with various exposures such as violence victimization, polysubstance use, depression, frequent alcohol use, multiple partners, lack of knowledge in HIV/AIDS, negative attitude towards HIV/AIDS, transactional sex and history of sex with adults before the age of 18 years (Gibson *et al.*, 2016; Samsul D et al., 2016; Iwamoto *et al.*, 2019). Transactional sex or known as survival sex (sex in exchange for money), had been the main risk of HIV as they are at greater risk for engaging in unprotected receptive anal sex (condomless), which usually motivated by high payment (Parsons *et al.*, 2018; Baral *et al.*, 2013; Shan *et al.*, 2018). Locally, it was estimated about 21000 transgender women engaged in this sex work, with most of them resid-

ing in Kuala Lumpur (Gibson *et al.*, 2016; Lim *et al.*, 2017; Colby *et al.*, 2016).

Despite the high prevalence of HIV among these community, they also contributed to low screening levels, most probably due to denial of having the illness (Gibson *et al.*, 2016). HIV prevention, treatment and care should be priorities around the world, but these population experience many barriers to treatment ranging from incorrect pronoun use of their name, judgmental and insensitive statements, unwillingness to provide care, asked to change their appearance or felt they had to present as male to receive proper care, societal stigmatization, a lack of knowledge by the healthcare about transgender needs and the refusal of many national health systems or health insurance providers to cover their care (Gupta *et al.*, 2016; Vijay *et al.*, 2018; Iwamoto *et al.*, 2019).

Sexually Transmitted Diseases

Sexually transmitted disease or known as STD, are diseases that caused by either bacteria, virus or parasites, which spread predominantly by sexual contact including vaginal, anal or oral sex and non-sexual via blood, blood product or from mother to child during pregnancy and childbirth. The diseases include Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Hepatitis B Virus, Human Papilloma Virus and HIV. However, HIV remains the main STD and the most commonly occurred (Zin *et al.*, 2019). The risk of STD increased mainly due to the practice of multiple sexual partners.

In comparison with HIV, bacterial STDs such as Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (GC) remain particularly understudied in transgender women (Pitasi *et al.*, 2019). A study done among Australian transgender showed that the rates of bacterial STD in transgender women were higher compared to the cisgender heterosexual patients, with the prevalence of Neisseria gonorrhoea has increased over the past decade from 3% to nearly 10% (Callander *et al.*, 2019). A study done among transgender women in Indonesia showed a high prevalence of syphilis and rectal origin STD due to receptive anal sex with a syphilis prevalence of 26.8 % and rectal STD prevalence of 47.0 % (Colby *et al.*, 2016).

This STD can occur either alone or together (co-infection) with other STD, which can be seen in the study done among transgender women in Argentina where the most frequent single infection was HPV (23.8%) and the most frequent co-infection was HBV-HPV-Syphilis (15%) and followed by HBV-HPV infection (13.8%) (Schulman and Erickson-Schroth, 2019). The prevalence of STD among transgender women is increasing with the actual number could still be underreported.

Mental Illnesses

Stigma and discrimination were common in transgender women who contribute to high rates of depression, anxiety, suicidal ideation, substance abuse, and other mental illnesses within this population (Gibson *et al.*, 2016; Valentine and Shipherd, 2018; Hughto *et al.*, 2015). Psychiatric disorder diagnoses were two times more common in the transgender community, with more than three-quarters of them having at least one psychiatric disorder (Hanna *et al.*, 2019). In a national study of transgender women in the USA, 41% of participants reported attempting suicide while an Australian national study found that 56% of transgender women had been diagnosed with depression and 38% had been diagnosed with anxiety and the study showed almost equal result with a study done among transgender women in Ontario with 61% diagnosed with depression (Schulman and Erickson-Schroth, 2019; Winter *et al.*, 2016). However, to date, there is no local study to determine the prevalence of mental illness among transgender women and this should be the future focus for the local researcher.

Suicidality, either in the form of suicidal ideation or suicidal attempt and self-harm, is also a major concern among transgender women. It was reported that 25-76% of the transgender women had considered a suicidal attempt (Schulman and Erickson-Schroth, 2019).

Gender Affirmation Treatment and its related issues

Gender affirmation refers to the social process of being recognized or affirmed in one's gender identity, expression, and/or role. World Professional Association of Transgender Health (WPATH) have developed a guideline for the treatment of transgender and nonbinary known as Gender Affirming Treatments (GAT) which include puberty suppression, Cross-sex Hormonal Treatment (CHT), Chest Reconstructive Surgery (CRS) and Gender Affirming Genital Surgeries (GAGSs) (Braun *et al.*, 2017; Nobili *et al.*, 2018). However, this guideline is not applicable in Malaysia as gender affirmation treatment is not locally accepted, mainly due to health issues and the religious background of the local population. Cross-sex hormonal treatment usually being used to achieve the desired masculinization or feminization. Feminizing medications used in transgender women include Oestrogen and Spironolactone, which used to suppress serum testosterone levels and block the androgen action (Gupta *et al.*, 2016; Iwamoto *et al.*,

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2019). The majority of feminizing oral hormones used were birth control pills which can be easily purchased at any pharmacy or obtained from friends or prescribed by a physician (Colby *et al.*, 2016).

Feminisation procedures, either by hormonal or surgical procedure, play a dual role in both affirming an individual's gender with their appearance and also helping them to attract more 'customers' (Gibson *et al.*, 2016). Breast enlargement is very important to transgender women because it represents their new gender (Draman S et al., 2018). To get the desired breast, these population usually will take a high dose of exogenous Oestrogen without knowing the complication of the medication (Braun *et al.*, 2017; Iwamoto *et al.*, 2019; Draman S et al., 2018). Several complications of these medications include depression, venous thrombo-embolism, myocardial infarction, stroke, hypertension and reduction in insulin sensitivity which in turn lead to diabetes Mellitus (Iwamoto *et al.*, 2019; Draman S et al., 2018). Hormone-related malignancies in transgender women can also occur due to the prolonged use of these high dose medication, especially breast and prostate cancer (Braun *et al.*, 2017). In Malaysia, it is not the usual practice for physicians to prescribe contraceptive pills to transgender women. However, it is widely available and easily accessible in any private pharmacy around the country. Most of the time, transgender women in Malaysia took the treatment without any proper prescription, and they only come forward to see healthcare professional whenever they have developed a side effect related to the treatment. Hence, healthcare professionals still need to be well equipped with adequate knowledge on all the gender affirmation treatments available and its possible side effects.

Meanwhile, gender-affirming genital surgeries for transgender women include non-genital surgeries such as breast augmentation, liposuction, facial feminization surgery, lipofilling, voice feminization surgery, thyroid cartilage reduction, and gluteal augmentation, as well as genital feminizing surgeries, which include bilateral orchidectomy, penectomy, and neovaginoplasty (Gupta *et al.*, 2016; Draman S, 2019). However, these genital surgeries themselves can increase the risk of malignancy of Human Papilloma Virus -related cancer as well as increase the risk of getting HIV due to the chronic laceration and inflammation post-vaginoplasty (Draman S, 2019; Braun *et al.*, 2017). A study showed 80% of transgender women in southeast Asia have a certain type of HPV organism in anal canal, with a higher prevalence among HIV positive compared to HIV negative (Poteat *et al.*, 2018).

In Malaysia, these surgical procedures were only applicable to nonbinary people and not to the transgender population (Draman S, 2019). Most of them need to travel to Thailand and Singapore to get this surgical treatment due to the religious rule, Malaysia's rule, as well as the cost in Malaysia, which is much more expensive compared to Thailand and Singapore (Draman S, 2019; Gibson *et al.*, 2016).

Health Challenges

Stigma and Discrimination

Stigma refers to a social process of devaluing a group of people based on an attribute labelled as negative (Poteat *et al.*, 2018). Stigma is a fundamental cause of adverse health in these transgender population as it works by inducing stress and restricting access to health-protective resources. Stigma and discrimination may restrict this population from health-seeking behaviour. This may result in an increased risk of poor health outcomes, including depression, suicide, polysubstance use, as well as HIV (Gupta *et al.*, 2016; Gibson *et al.*, 2016). Even though the government healthcare system is cheap, this population may still avoid going there due to extreme discrimination (Gibson *et al.*, 2016).

Discrimination by healthcare providers can be in the form of poor or unfair treatment of certain groups of patients, being unsupportive of the patient's condition, judgemental, ridiculing and coercing (Gupta *et al.*, 2016; Vijay *et al.*, 2018). A study done among physician in a medical centre in Kuala Lumpur found that Muslim physicians had greater discrimination compared to Hindu physicians. It was also found that physicians from other specialized had a higher level of discrimination compared to the psychiatrist (Vijay *et al.*, 2018). Besides, healthcare providers in Malaysia also had a lack of knowledge on health issues specifically faced by transgender women, which caused them to neglect many crucial steps in managing transgenderism (Draman S, 2019; Winter *et al.*, 2016). Some transgender women reported that they were reluctant to access health services where they were not sure whether the providers would be familiar with treating transgender women, as well as worried about having to deal with clinic staff that might be transphobic (Sevelius *et al.*, 2014).

According to the finding from the National Transgender Discrimination Survey done in the United States of America, 90.0% of the participant reported experiencing discrimination at work, with 47.0% reporting being fired, not hired, or denied a promotion and 19% reported being refused a home or shelter because they were transgender (Schulman and Erickson-Schroth, 2019; Poteat *et al.*, 2018).

The multiple levels of discrimination faced by these transgender women cause many of them to turn to sex work or transactional sex as their primary source of income (Reisner *et al.*, 2016; Gibson *et al.*, 2016). Studies done in Malaysia showed that more than 80% of them ended up in the sex trade (Draman S et al., 2018). Other than getting discrimination in the health care setting as well as at work, transgender women also faced discrimination at a religious place such as a mosque as some of them were denied access to the mosque (Draman S, 2019).

CONCLUSIONS

Efforts should be made to educate the general public as well as healthcare professionals to reduce the involvement of transgender women in sex trade activities. Transgender women need to be advised about abstinence from having sex with casual partners or having multiple sex partners. Healthcare professional should be well equipped with knowledge on how to manage health issues related to transgender women without stigma and discrimination. Discrimination and stigmatisation from healthcare professionals were merely one of the many reasons why transgender women could not escape the sex trade. Healthcare professionals also need to continuously educate transgender women on common health issues related to them, such as issues related to gender reaffirmation treatments. With all these efforts, it is hopeful that we can reduce the country's health burden related to transgender women, including the number of our HIV patients.

Conflict of Interest

The authors declare that they have no conflict of interest.

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